Kansas Department of Agriculture

Records Center - Food Safety and Lodging 109 SW 9th Street Topeka, KS 66612 785-296-7430

APPLICATION FOR LODGING ESTABLISHMENT LICENSE

Pursuant to the Kansas Food Service and Lodging Act, K.S.A. 36-501 et seq., a lodging establishment shall be licensed by the Kansas Department of Agriculture. Failure to register could result in regulatory action. This license is valid from January 1 through December 31st.

Establishment Name:	Phone:
Establishment Address:	Fax:
	County:
	OWNERSHIP INFORMATION
Legal Owner Name:	
Type of ownership: Individual/Sole Proprietor	□ Partnership □ LLP or LP □ Corporation □ LLC
Federal Tax ID #:	or Sole Proprietor Social Security #:
Mailing	g Address (if different from location address)

Service and Lodging Act and the rules ar	a license to comply with and abide by all the terms of the Kansas Fond regulations prescribed thereunder. I declare the above statements a my knowledge.
Service and Lodging Act and the rules are true, complete and accurate to the best of	nd regulations prescribed thereunder. I declare the above statements a
Service and Lodging Act and the rules are true, complete and accurate to the best of Signature of owner, officer, or other agent	nd regulations prescribed thereunder. I declare the above statements a my knowledge.
Service and Lodging Act and the rules are true, complete and accurate to the best of Signature of owner, officer, or other agent Typed/printed name of signer * Your title should correspond to the type of owners.	nd regulations prescribed thereunder. I declare the above statements a my knowledge. Date Title* Title * Ti
Service and Lodging Act and the rules are true, complete and accurate to the best of Signature of owner, officer, or other agent Typed/printed name of signer * Your title should correspond to the type of owners title should reflect the office you hold in the corporate	nd regulations prescribed thereunder. I declare the above statements a my knowledge. Date Title* Title* Title may be "owner"; if it is a corporation y ion such as "president", "treasurer", etc.
Service and Lodging Act and the rules are true, complete and accurate to the best of Signature of owner, officer, or other agent Typed/printed name of signer * Your title should correspond to the type of owners title should reflect the office you hold in the corporate	nd regulations prescribed thereunder. I declare the above statements a my knowledge. Date Title* Ship. For example if you are an individual your title may be "owner"; if it is a corporation your such as "president", "treasurer", etc. Previous Establishment Name:
Service and Lodging Act and the rules are true, complete and accurate to the best of Signature of owner, officer, or other agent Typed/printed name of signer * Your title should correspond to the type of owners title should reflect the office you hold in the corporate. For Official Use Only	nd regulations prescribed thereunder. I declare the above statements a my knowledge. Date Title* Title* Title may be "owner"; if it is a corporation y ion such as "president", "treasurer", etc.
Service and Lodging Act and the rules are true, complete and accurate to the best of Signature of owner, officer, or other agent Typed/printed name of signer * Your title should correspond to the type of owners title should reflect the office you hold in the corporate For Official Use Only Inspector ID # Inspection Date	nd regulations prescribed thereunder. I declare the above statements a my knowledge. Date Title* Ship. For example if you are an individual your title may be "owner"; if it is a corporation your such as "president", "treasurer", etc. Previous Establishment Name:
Service and Lodging Act and the rules are true, complete and accurate to the best of Signature of owner, officer, or other agent Typed/printed name of signer * Your title should correspond to the type of owners title should reflect the office you hold in the corporate For Official Use Only Inspector ID # Inspection Date For Office Use Only	nd regulations prescribed thereunder. I declare the above statements a my knowledge. Date Title* Ship. For example if you are an individual your title may be "owner"; if it is a corporation your such as "president", "treasurer", etc. Previous Establishment Name: Anticipated Opening Date:
Service and Lodging Act and the rules are true, complete and accurate to the best of Signature of owner, officer, or other agent Typed/printed name of signer * Your title should correspond to the type of owners title should reflect the office you hold in the corporate For Official Use Only Inspector ID # Inspection Date	nd regulations prescribed thereunder. I declare the above statements my knowledge. Date Title* Ship. For example if you are an individual your title may be "owner"; if it is a corporation ion such as "president", "treasurer", etc. Previous Establishment Name:

License fee is based on the number of rooms in the establishment. Please note that all NEW applications require an application fee and a license fee. Send application and fees to: Kansas Department of Agriculture

Records Center – Food Safety

109 SW 9th St

Topeka, KS 66612

Application Fee:		License Fee:
1 – 9 Rooms:\$ 30.00 10-29 Rooms:\$ 50.00 30 Rooms or more:\$ 100.00		1 – 9 Rooms = \$ 30.00 Add \$5.00 for each additional 10 rooms (see attached fee schedule)
Total number of rooms in establishment:		Total fee submitted:
Complementary Breakfast for Guests:	☐ Yes	□ No
Other Food Service provided for non-guests:	☐ Yes	 No (If answer is yes you will need to submit application and fees for a Food Service Establishment License)